

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 0 1 6

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 8, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) - 7174.99

6. FEDERAL STATUTE/REGULATION CITATION:  
Section 1902 (N) as amended by Section  
4714 (a) (1) (A) & (B) of P.L. 105.33

7. FEDERAL BUDGET IMPACT: \*

a. FFY 2000 \$ ~~XXXXXXXXXX~~ (\$17,747.99)b. FFY 2001 \$ ~~XXXXXXXXXX~~ (\$17,747.99)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):\* Supplement 1 to Attachment 4.19B ppl, 2, ~~3~~\* Same (TN 00-15) pending  
~~None~~ ~~New page~~10. SUBJECT OF AMENDMENT: The purpose of this amendment is to revise payment methods for Medicare  
Part A and Part B Deductible/Coinsurance for Medical equipment and home health supply items,  
hemodialysis clinic services, inpatient psychiatric services, outpatient hospital services, and  
rehabilitation center services.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor does not  
review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David Hood by John LaCom

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 27, 2000

16. RETURN TO:

State of Louisiana  
Department of Health & Hospitals  
1201 Capitol Access Road  
P O Box 91030  
Baton Rouge, LA 70821-9030**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

March 27, 2000

18. DATE APPROVED:

June 6, 2001

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

February 8, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

Calvin G. Cline

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B  
Page 1  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item \_\_\_ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item \_\_\_ of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Pages 3 and 3a of this attachment (see 3. above).

TN No. 00-16  
Supersedes 00-15 Approval Date 06-06-01 Effective Date 02-08-00  
TN No. 00-15

HCFA ID: 7982E

STATE	<u>LOUISIANA</u>
DATE REC'D	<u>03-27-2000</u>
DATE APP'VD	<u>06-06-2001</u>
DATE EFF	<u>02-08-2000</u>
HCFA 179	<u>LA-00-16</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance
	Part B <u>SP</u> Deductibles	<u>SP</u> Coinsurance
Other Medicaid Beneficiaries	Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance
	Part B <u>SP</u> Deductibles	<u>SP</u> Coinsurance
Dual Eligible (QMB Plus)	Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance
	Part B <u>SP</u> Deductibles	<u>SP</u> Coinsurance
QMBs:	Part A <u>MR</u> Deductibles	<u>MR</u> Coinsurance - Title XVIII only services
	Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance Prescription Drugs Emergency Ambulance Services
Other Medicaid Beneficiaries	Part A <u>MR</u> Deductibles	<u>MR</u> Coinsurance - Prescription Drugs
	Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance Emergency Ambulance Services
Dual Eligible (QMB Plus)	Part A <u>MR</u> Deductibles	<u>MR</u> Coinsurance - Title XVIII only services
	Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance Prescription Drugs Emergency Ambulance Services

STATE <u>LOUISIANA</u>	
DATE REC'D <u>03-27-2000</u>	
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DATE EFF <u>02-08-2000</u>	
HCFA 120 <u>LA-00-16</u>	

TN# 0016 Approval Date 06-06-01 Effective Date 02-08-00  
Supersedes  
TN# 0015